

_____ COUNTY FIRE DISTRICT NO. _____

EXPENSE ACCOUNT

NAME: _____

MAILING ADDRESS: _____

REASON: _____

TRAVEL: From _____ To _____

DATE(S): _____ Through _____

MEALS

	Date	Date	Date	Date	Date	Date
Breakfast						
Lunch						
Dinner						
Daily Total						

TOTAL MEALS \$ _____

LODGING (attach receipt) _____ \$ _____

MILEAGE _____ @ _____ per mile \$ _____

REGISTRATION FEE (attach receipt) _____ \$ _____

OTHER EXPENSES _____ \$ _____

_____ \$ _____

TOTAL EXPENSES \$ _____

CERTIFICATION

I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account thereof.

Signed _____

Title _____

Date _____

Audited _____

Approved for Payment _____

Voucher # _____ Date _____

WFCA #24